

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018661

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Dr. Clary

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 200

Registrar's No. 297

STATE FILE NUMBER

FILED MAY 28 1962

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
Length of stay in lb 55 YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CONNELLY NURSING HOME		d. STREET ADDRESS (If outside, give location) 836 S. FREMONT	
3. NAME OF DECEASED (Type or print) First Middle Last JOE GOLD		4. DATE OF DEATH Month Day Year MAY 17 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/6/75
9. AGE (last birthday) 87		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY RETAIL CLOTHING	
11. BIRTHPLACE (City and state or country) JASSY ROMANIA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME BEN GOLD		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE MARY GOLD		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT Address WM. S. GOLD SPRINGFIELD, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular accident DUE TO (b) Convulsive disorder DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 3 days Months years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from April 1962 to May 17, 1962 and last saw him alive on May 10, 1962 Death occurred at 8 P.M. m on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) Louis E. Jorel M.D.		22b. ADDRESS 1500 E. Sunshine	
22c. DATE SIGNED 5-19-62		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 5/21/62		23c. NAME OF CEMETERY OR CREMATORY TEMPLE ISRAEL CEMETERY	
23d. LOCATION (City, town, or county) SPRINGFIELD, MO.		24. FUNERAL DIRECTOR H. H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.	
25. DATE RECD. BY LOCAL REG. 5-21-62		26. REGISTRAR'S SIGNATURE Effie E. Melton	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/596397  
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*[Handwritten Signature]*

Licensed Embalmer No.

*2728*

P. O. Address

*[Handwritten Address]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

*body embalmed 5-18-62*